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PTO/SB/21 (09-08)

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<b>TRANSMITTAL FORM</b>	Application Number	10/659,211
	Filing Date	09/09/2003
	First Named Inventor	Kelleher, Brian
	Art Unit	3763
	Examiner Name	Mendez, Manual
	Attorney Docket Number	70891.01
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	3	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts / Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px;"> <b>Remarks</b>          Prior document number was ENDO1US. Please use docket number 70891.01 for all future references.       </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Patent Technology, Inc.		
Signature			
Printed name	Michael Klicpera		
Date	03/20/2007	Reg. No.	38044

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Michael Klicpera	Date	03/20/2007

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PTO/SB/81 (01-06)

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/659,211
	<b>Filing Date</b>	Sept. 9, 2003
	<b>First Named Inventor</b>	Kelleher, Brian
	<b>Title</b>	Device and Method for Endoluminal T
	<b>Art Unit</b>	3763
	<b>Examiner Name</b>	Mendez, Manuel
	<b>Attorney Docket Number</b>	END01US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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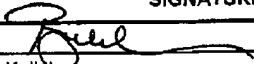
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature 	Date	Dec. 19, 2006
Name	Telephone	858-613-1200
Title and Company		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/659,211
	Filing Date	Sept. 4, 2003
	First Named Inventor	Kelleher, Brian
	Title	Device and Method for Endoluminal
	Art Unit	3763
	Examiner Name	Mendez, Manuel
	Attorney Docket Number	EN PLUS

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

**SIGNATURE of Applicant or Assignee of Record**

Signature *Corbett W. Stone* Date 3/2/07

Name Corbett W. Stone Telephone 858 354 5453

Title and Company Sole Proprietor of Corbett Stone Associates

\*NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

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